

Trustee Confirmation of Receipt for Workers' Compensation Self-Insured Group Quarterly Financial Statements

I, _____ affirm that I held the position of Trustee for
_____ as of the quarter ended _____,
and hereby acknowledge receipt of a copy of the financial statements for that reporting
period.

Signature

Date

This form is to be completed by all trustees holding the position at the end of each of the three quarterly reporting periods within a fund year. The deadline for the receipt is 75 calendar days after the close of each quarterly reporting period.

Mail completed forms to:

U.S. Mail: Kentucky Department of Insurance
P.O. Box 517
Frankfort, KY 40602-0517
Attn: Financial Standards and Examination Division

Express: Kentucky Department of Insurance
215 West Main Street
Frankfort, KY 40601
Attn: Financial Standards and Examination Division